

ISLINGTON LAW CENTRE

POLICY FOR THE SAFEGUARDING OF CHILDREN UNDER AGE 18

This policy is made in accordance with Islington Law Centre's (ILC) dual mission to relieve poverty through providing legal advice services and representation, and to advance public legal education.

ILC works directly with, and on behalf of, adults and children by providing specialist information, advice, advocacy, casework, and outreach services across North and East London Boroughs and elsewhere in England and Wales.

Definition of safeguarding

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm.

Safeguarding includes:

- Protecting children from abuse and maltreatment.
- Preventing harm to children's health or development.
- Ensuring children grow up with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

ILC's approach to safeguarding

We believe that children should never experience abuse of any kind and we have a responsibility to promote the welfare of children we represent, to keep them safe and to practise in a way that protects them and promotes their welfare and well-being.

We adopt a child-centred approach to safeguarding , which means keeping the child in focus when making decisions about their lives, and working in partnership with them and their caregivers.

Policy aims

This aims of this policy and related procedures are:

- To safeguard and promote the welfare, safety, and wellbeing of the children with whom we work,

- To provide clear guidance to all ILC staff, volunteers and trustees on the steps they should take if they suspect that a child or young person may be experiencing, or is at risk of experiencing, harm, exploitation or abuse, and
- To demonstrate to children, their families, and partners with whom we work, the overarching principles that underpin our approach to child protection.

Policy Scope

This policy applies to all children from unborn up to 18 years of age with whom we have direct or indirect contact (for example, children known to adults that we work with directly). It applies to services we provide on ILC premises or elsewhere.

Islington Law Centre's Policy and Procedures on Safeguarding Adults at Risk cover the above-mentioned services in relation to young people and adults aged 18 and over.

Those with a responsibility under this policy

All paid employees, seconded staff, trustees, volunteers, young people on work experience, agency workers, contract, and unpaid staff working on behalf of Islington Law Centre (hereinafter referred to as "staff") in any capacity and in any setting.

Anti-discriminatory practice

We recognise that all children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation, or identity have a right to equal protection from all types of harm or abuse.

Some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.

Legal framework

Under Schedule 1, para.16 of the Children Act 1989 and Article 1 of the UN Convention on the Rights of the Child, 'child' means children and young people up to their 18th birthday.

'Harm' is defined in section 31 of the Children Act 1989 as 'ill treatment or the impairment of health or development'. This encompasses all types of abuse or neglect within the family, as well as extra-familial threats including exploitation.

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation is available from <https://learning.nspcc.org.uk/child-protection-system/england> and includes:

Children Act 1989
Children Act 2004
Modern Slavery Act 2015
Children and Social Work Act 2017
The Domestic Abuse Act 2021

Government guidance provides further detail about the requirements and expectations on professionals to work together to effectively safeguard children, and includes:

[Working together to safeguard children](#) (2018 –2020 update)
[Every Child Matters: Statutory guidance to the UK Border Agency on making arrangements to safeguard and promote the welfare of children](#) (2009)
[Safeguarding disabled children: practice guidance](#) (2009)
[Safeguarding children who may have been trafficked: practice guidance](#) (2011)
[Care of unaccompanied migrant children and child victims of modern slavery](#) (2017)
[Modern Slavery Act 2015: statutory guidance](#) (2020)
[What to do if you're worried a child is being abused](#) (2015)
[Mandatory reporting of female genital mutilation \(FGM\) \(PDF\)](#) (Home Office, 2016)
[Domestic Abuse Statutory Guidance](#) (Home Office 2022)

Potential risks to children toward whom ILC has a safeguarding responsibility

ILC's younger clients may include unaccompanied and separated children, as well as children in families. Some may be young people aged 11-17 about whom there are child welfare concerns held by a variety of organisations: school, youth services, Social Services, health authorities etc, or about whom there would be child welfare concerns if their circumstances were better known and assessed. A smaller proportion may be young parents with children of their own.

There may also be child welfare concerns in respect of children in families where a family member/carer is served by ILC.

Forms of abuse

The below are examples of forms of abuse that may affect the children toward whom ILC has a safeguarding responsibility:

- Neglect.
- Physical abuse.
- Emotional abuse.
- Sexual abuse.

- Grooming.
- Modern slavery, child trafficking and exploitation.
- Domestic abuse.
- Bullying and cyberbullying.
- Female Genital Mutilation (FGM).
- Forced marriage & Honour-based violence.
- Radicalisation.
- Child abuse linked to faith or belief.

An abused child or young person may suffer more than one type of abuse.

More detail is provided around these forms of abuse in [Appendix I to this policy](#). All ILC staff should familiarise themselves with the information in Appendix I.

Indicators of abuse

ILC staff may be told by a child's parent, carer or friend, or directly by the child, about their concerns about being abused, or being at risk from someone else.

ILC staff may also see signs of abuse which concern them. Indicators of abuse can alert staff to the possibility that abuse has taken or is taking place but are indicative only, so should not by themselves be considered definitive evidence.

[Appendix I](#) lists detailed indicators of abuse that ILC staff should be aware of.

Listening to children

A child-centred approach promotes child welfare. Services should be based on a clear understanding of the rights, needs and views of children. Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their needs. Anyone working with children should see and speak to the child; listen to what they say, take their views seriously, and work with them collaboratively when deciding how to support their needs.

We will work in partnership with children alongside their parents and carers where possible, and other agencies where practicable.

We will seek to keep children safe by:

- Valuing, listening to and respecting them.
- Working in partnership with children alongside their parents and carers where possible and other agencies.

- Maintaining a nominated safeguarding lead for children.
- Adopting child protection and safeguarding best practice through remaining alert and adhering to our child safeguarding procedures and other related policies and procedures.
- Using our safeguarding and child protection procedures to share concerns and relevant information with appropriate consent with agencies who need to know, and involving children, parents, families and carers appropriately.
- Sharing information about safeguarding and good practice with children and their families.
- Making sure that children and their families know where to go for help if they have a concern.
- Building a safeguarding culture where staff, children and their families, treat each other with respect and are comfortable about sharing concerns.

And, as ensured under existing ILC policies and procedures:

- Using our procedures to manage any allegations against staff appropriately.
- Providing effective management for staff through supervision, support, training and quality assurance measures so that all staff know about and follow our policies, procedures and behaviour codes confidently and competently.
- Recruiting and selecting staff safely, ensuring all necessary checks are made.
- Recording, storing and using information professionally and securely, in line with data protection legislation and guidance.
- Ensuring that we have effective complaints and whistleblowing measures in place.
- Ensuring that we provide a safe physical environment for our children, staff, by applying health and safety measures in accordance with the law and regulatory guidance.

See the Child Safeguarding Procedures for the detailed steps that must be followed by all members of staff, consultants, and volunteers working on behalf of ILC whenever a concern about child safeguarding arises.

Supporting documents

This policy should be read as part of the organisational policies, procedures, guidance, and other related documents, which comprise the Office Manual. This includes the following:

- Avoidance of Discrimination and Promoting Equality Policy
- Policy and Procedures on Safeguarding Adults at Risk
- Data protection

- Recruitment and selection
- Recruitment of Ex-Offenders
- Supervision
- Health and safety and personal security
- Complaints procedure
- Whistle-blowing
- Disciplinary policy

Contact details

Day-to-day responsibility for ensuring this child safeguarding policy and related procedures are observed is held by a supervising caseworker ('Safeguarding Lead') with responsibility for the protection of children. This person is: Suzanne Frazer and their contact details are suzannef@islingtonlaw.org.uk.

In the Safeguarding Lead's absence, the Law Centre Director, undertakes this responsibility. He is Stuart Hearne and his contact details are stuarth@islingtonlaw.org.uk.

See [Appendix V](#) for external contact details.

**PROCEDURES FOR THE SAFEGUARDING OF CHILDREN
UNDER AGE 18**

Contents	
Purpose.....	7
Local Authority duties	8
National Referral Mechanism (NRM)	8
What to do if you are concerned about a child	10
Flow of responsibility	10
When you think that a child is at immediate risk of harm:.....	11
When you are concerned about a child but there is no immediate risk of harm:	12
Following up the referral:.....	14
Record-keeping	15
Confidentiality and consent.....	16
Duty of Confidentiality:.....	16
Capacity to consent:	16
Disclosure of confidential information in exceptional circumstances:	16
Steps to take when considering disclosure of confidential information:	18
Information sharing and data protection	20
Building a safeguarding culture.....	21
Recruitment:.....	21
DBS checking:	21
Induction and training on safeguarding procedures:	22
The Safeguarding Lead’s role:	23
Managing allegations made against staff, volunteers, or partner organisations:	23
Working with partners:.....	24
Appendix I Forms of abuse and indicators of abuse of children	26
Appendix II Local Authority duties	35
Appendix III The National Referral Mechanism.....	38
Appendix IV Safeguarding Reporting Form	41
Appendix V External contacts	43

Purpose

This procedure arises from ILC's Child Safeguarding Policy. It details the steps that must be followed by anyone working or volunteering for or with Islington Law Centre (hereinafter referred to as "staff") in any setting when that person has concerns about a child's safety.

Local Authority duties

All ILC staff shall be inducted and trained on the processes by which Local Authority Social Services will assess a child in need, or investigate a case where they suspect a child is suffering or likely to suffer significant harm.

This is in order for them to offer accurate advice to a client (whether child, young person, parent, or carer) or to make an effective referral to Social Services.

There are two key duties on Local Authority Social Services that ILC staff must be familiar with:

- The duty to assess and provide services to children in need (**s.17 Children Act 1989**). A child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services; or a child who is disabled.
- The duty to make enquiries to enable them to decide whether they should take any action to safeguard or promote the child's welfare when they have reasonable cause to suspect that a child in their area is suffering, or likely to suffer, significant harm (**s.47 Children Act 1989**).

When a referral is made, the Social Services department of the Local Authority will assess whether the child is a child in need (s.17) or is suffering or likely to suffer significant harm (s.47).

'Harm' is defined in section 31 of the Children Act 1989 as 'ill treatment or the impairment of health or development'.

Staff and volunteers should read [Appendix II](#) for further details on Local Authority duties and the processes the Local Authority must follow.

National Referral Mechanism (NRM)

The National Referral Mechanism (NRM) is the process set up by the UK Government for identifying victims of human trafficking and modern slavery to ensure they receive appropriate protection and support.

All ILC staff should be inducted and trained on the processes by which victims of human trafficking and modern slavery are identified, referred, protected and supported by means of the NRM.

Please refer to [Appendix III](#) for details on the NRM.

Factors that increase risk of abuse/exploitation

It is important for ILC staff to recognise and be alert to the fact that clients and their families served by ILC may be at greater risk of abuse or exploitation given the following circumstances:

- Poverty
- Homelessness or inadequate accommodation
- Destitution
- Precarious immigration status
- Caregivers with mental health issues
- Lack of a reliable or available caregiver
- Previous trauma, abuse or exploitation
- Disability
- Cultural/language/integration challenges

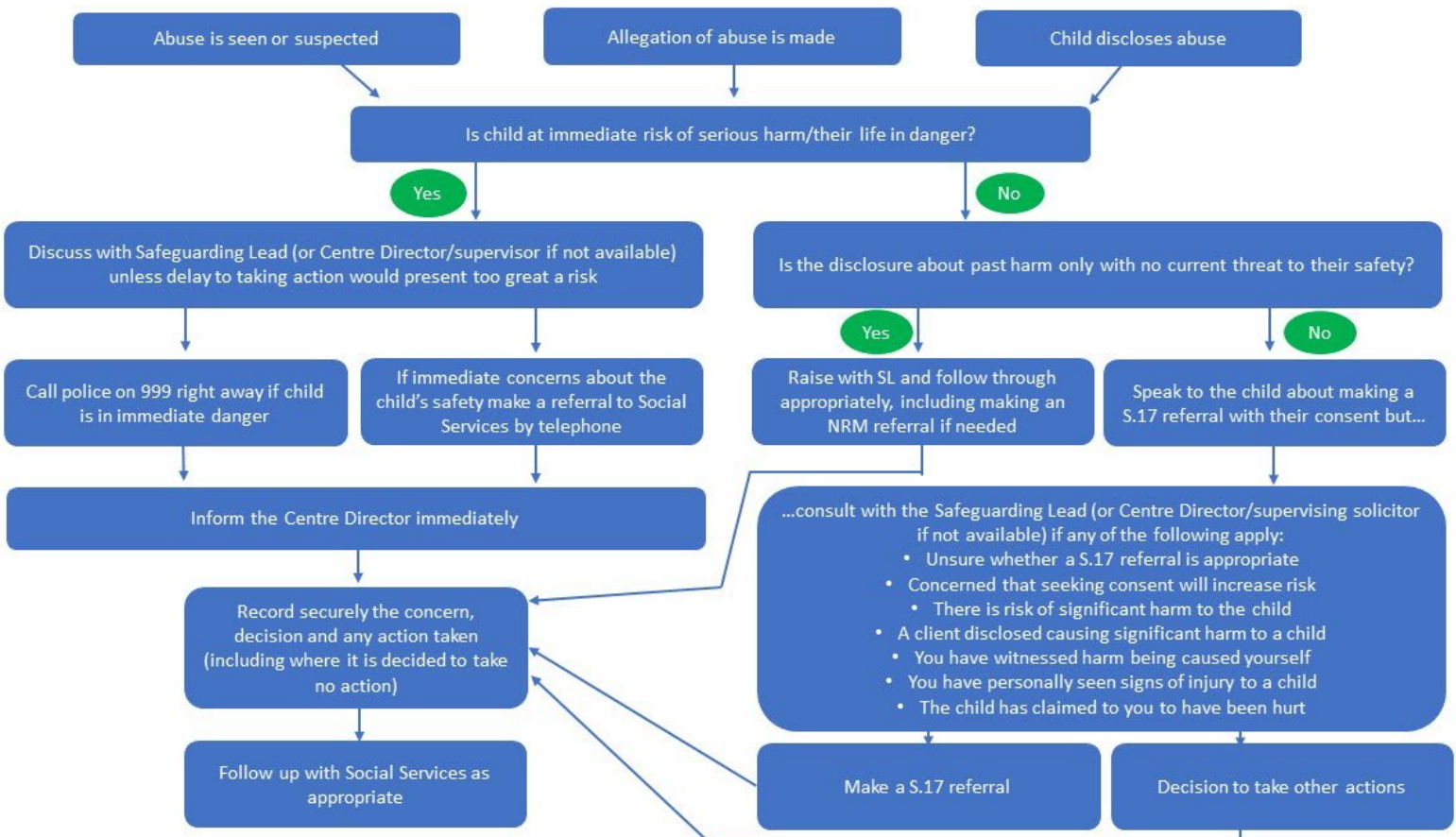
WHAT TO DO IF YOU ARE CONCERNED ABOUT A CHILD

Where the historical protection of a child forms part of the legal case you are dealing with, safeguarding issues will be dealt with by the caseworker who has conduct of the case. The work will be governed by usual casework supervision in addition to one-to-one discussion on case content and any potential or on-going litigation.

In all other circumstances, **ILC staff should report and/or take action** regarding any abuse or suspicion of abuse if:

- Abuse is observed or suspected.
- An allegation of abuse is made.
- A child discloses abuse.

Flow of responsibility



When you think that a child is at immediate risk of harm:

Where there is a risk to the life of a child or a likelihood of serious immediate harm, a child protection referral should be made as a **matter of urgency** by the person identifying the risk to the **Local Authority and/or the Police** who can use their statutory powers to act immediately to secure the safety of the child, subject to the following:

- If you think a child is in immediate danger then call the police on 999 straight away.
- If there are immediate concerns about the safety of a child, a referral should be made by telephone to Social Services.
- All concerns should be discussed with and managed together with the Safeguarding Lead unless it is too difficult to do so and delay might be risky for the child.
- In the absence of the Safeguarding Lead, all concerns should be discussed and managed with either the Centre Director, or if not available, the member of staff's supervisor, unless it is too difficult to do so and delay might be risky for the child.
- The Centre Director should be made immediately aware of all such cases.
- It is not your responsibility to investigate if a child has been abused, however it is your responsibility to report concerns to the appropriate authorities including the Safeguarding Lead, Social Services or the police.

When a child discloses abuse:

- Keep things simple and appropriate to the child's understanding.
- Listen non-judgementally and sympathetically to make disclosure easier for the child: you may be the first person to whom they have made this disclosure who can help.
- Take what they are saying seriously.
- Reassure them that you are glad he or she has told you what has happened. Acknowledge how difficult it might be for them to share this with you and reassure them that they have done the right thing in disclosing.
- React calmly and don't show any feelings of anger, disgust, or disbelief: this kind of reaction may cause the child or young person to stop talking for fear of

upsetting you. Or they may feel your negative feelings are directed towards them.

- Tell the child they are not to blame.
- Listen carefully: don't interrogate or question the child or other than to clarify your understanding.
- Do not stop a child who is freely recalling significant events. Allow them to continue at their own pace.
- Remember that an allegation of child abuse or neglect may lead to a criminal investigation so don't do anything that may jeopardise a police investigation, such as asking a child leading question or attempting to investigate the allegation of abuse.
- Write clear notes of the evidence or allegation disclosed at the time or immediately after the disclosure. Explain the purpose of any note keeping: this is to make an accurate record of what they have told you and to help them get good advice about their problems.
- Never promise a child that what they have told you can be kept a secret. Explain to the child that you have a responsibility for their safety and therefore have to tell someone in authority. Let them know there are others who can help them and that they are not alone.
- Tell them what you will do next and with whom the information will be shared.

When you are concerned about a child but there is no immediate risk of harm:

Past harm:

A child may recall former abuse once in a safe situation, or disclosure may be made by another person regarding the abuse of a child. Although the child may be under no current threat to their safety, you should raise any disclosure (that does not relate to the substance of their legal matter) with the Safeguarding Lead and follow through appropriately.

Where a child has been a victim of human trafficking or modern slavery, you should ensure that a referral has been made to the National Referral Mechanism by the appropriate First Responder. If the Police, Home Office or other First Responder have not already made a referral then you can contact social services requesting that they make a referral to the NRM.

'Human trafficking' involves the arrangement or facilitation of travel of another person – child or adult – for the purpose of exploitation (s.2 Modern Slavery Act 2015).

'Exploitation' includes modern slavery offences (slavery, servitude and forced or compulsory labour); sexual exploitation; organ removal; securing services by force, threats or deception (s.3 Modern Slavery Act 2015)

'Modern slavery' comprises slavery, servitude and forced or compulsory labour (s.1 Modern Slavery Act 2015)

Please refer to [Appendix III](#) for details on the NRM.

Child in need or at risk of significant harm:

Section 17 of the Children Act 1989 defines a 'child in need':

- He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority under this Part;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- He/she has a disability (this includes blindness, deafness or dumbness, mental disorders and permanent illnesses, injuries or congenital deformities).

Making a S17 referral:

- You should make a s.17 referral to Social Services if your client appears to be a child in need of services (including an initial or core assessment to establish their needs, or in a case where there may need to be an assessment under the Care Act 2014) and he or she consents to you making the referral.
- Discuss carefully with the client what matters they wish you to report to Social Services before asking the client to approve your letter or request for an assessment.
- Consent should always be sought before any disclosure is made.
- Care should be taken to ensure that the client consents to the form and extent of the disclosure.
- Consent is also required for a s.17 children in need (Children Act 1989) referral, unless there is a concern that seeking consent will increase risk. See the section on confidentiality and consent below.
- If there is a concern that seeking consent will increase risk, alert the Safeguarding Lead and the referral should be discussed with the duty social worker at the local authority where the abuse or neglect took place, prior to referral. Please also refer to the section later on in these procedures on confidentiality and consent.

- Where you are not sure if a referral is appropriate, you should consult the Safeguarding Lead and decide together whether the issue should be reported to local safeguarding authorities – if in any doubt, the incident should still be reported.
- In a case of a significant risk of harm to the client, you should also consult the Safeguarding Lead.
- All cases in which a client has made a disclosure of causing significant harm to a child, any instance you have witnessed yourself, any signs of injury to a child that you have personally seen, or any claim to you from a child that they have been hurt should be reviewed by the Safeguarding Lead.
- The Centre Director (or deputy in their absence) or a supervising solicitor should be approached for advice where the Safeguarding Lead is not available and the matter is urgent.

Following up the referral:

- If you make a verbal referral you should follow it up with a written one within 48 hours unless circumstances have radically altered requiring a fresh assessment of action to be taken. Social Services should acknowledge the referral within 1 working day and should also inform you of their decision within 72 hours whether to take no action, or whether to embark on assessment. The assessment by Social Services should be completed in no more than 45 working days from the point of referral¹.
- You should obtain the outcome from the local safeguarding children partnership and ensure this is recorded.
- If you disagree with the action taken by Social Services, these concerns must be raised directly with the safeguarding board and a record made of that action.
- If the decision is not to report under safeguarding procedures, then consideration should be given to other action that should be taken to address the perceived risk. For example:
 - Referral into another multi-agency system.

¹ See the London safeguarding children procedures
https://www.londonsafeguardingchildrenprocedures.co.uk/referral_assess.html#

- Safety planning.
- Signposting to other services.

Record-keeping

- Even if a concern has been discussed with the Safeguarding Lead/Centre Director/supervising solicitor, it is important that all concerns are properly recorded in writing, whether or not further action is taken.
- A record should be kept of any decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. All discussions should end with clear and explicit recorded agreement about who will be taking what action. Where no further action is the outcome the reason for this should be clearly recorded.
- ILC has a standard Safeguarding & Child Protection Report form for recording suspected abuse to help people record relevant information ([Appendix IV](#)).
- This form must be used for all concerns and saved in a named file in the safeguarding records, and the Safeguarding Lead and deputy Centre Director who is responsible for safekeeping records must both be notified.
- Some of the information requested by the form may not be available. Staff should not pursue the questioning of the child or vulnerable adult for this information if it is not given freely. There should be no delay in reporting the matter by waiting for all the information.
- In completing the form it is important not to write speculative comments but to stick to the facts. Staff's opinion may be crucial but it should be recorded as an opinion and any evidence stated to support these opinions. Records pertaining to issues of child protection may be accessible to third parties such as Social Services, Police, the Courts and Solicitors.
- Records must be kept securely with restricted access and separately from the client file. Safeguarding concerns must be recorded separately within folders opened specifically for the individuals concerned. Completed forms and referrals should also be saved in the main client casework file. Managers have a particular responsibility in maintaining the confidentiality of these records and must ensure that the records, or any information they contain, are made available only to relevant parties. The transfer of information - verbally, through the mail, electronically, etc. - should be done in such a way that confidentiality is maintained.

Confidentiality and consent

Duty of Confidentiality:

Where ILC staff or volunteers are engaged in providing legal advice, assistance or representation in their role as solicitors, or are undertaking such activities under the supervision of solicitors, their practice will be guided by their professional regulator, the Solicitors Regulation Authority (SRA) or Bar Standards Board (BSB). Advisers who work under different regulatory regimes must all ensure that they meet the same standards found in the SRA Code of Conduct, which provides a greater level of protection for clients. A client or prospective client must be able to expect the same level of confidentiality and safeguarding regardless of the qualification of their adviser or the context in which they are seen.

You should always act with the consent of your client except in the circumstances set out below, which should normally be considered in consultation with the Safeguarding Lead (or, in their absence the Centre Director or a supervising solicitor, unless a child is in immediate danger).

In any work with children it is important to be clear about confidentiality. Confidentiality and safeguarding should be discussed with children at the beginning of any piece of work and reminders and information given from time to time, to ensure that they understand the processes and what responsibilities members of staff have. It is essential to be clear about the limits of confidentiality well before any such matter arises.

Capacity to consent:

The duty of a solicitor or advisor in a solicitor's practice is to ascertain their client's instructions and act in accordance with those instructions. Children who are competent and have capacity have the right to confidentiality.

The capacity of a young person aged 16 or 17 to consent is assessed in accordance with the Mental Capacity Act 2005, while the test for children under 16 is determined by the test of 'Gillick competence'. Children who have sufficient understanding and intelligence to enable them fully to understand what is involved in a proposed treatment are considered to be competent.²

Disclosure of confidential information in exceptional circumstances:

² Dept of Health (2015) [Mental Health Act 1983: Code of Practice](#).

There may arise circumstances where solicitors and those they supervise working for ILC need to consider potential child safeguarding issues in a different way to those working in private practice and agree an appropriate response that reflects the ILC policy and procedures on responding to safeguarding concerns.

While personal information held by professionals and agencies is subject to the legal duty of confidentiality, it is essential that staff respond quickly where they have concerns or suspicions of abuse. Any concerns about confidentiality should not override the rights of children at risk of, or suffering, harm. Islington Law Centre's responsibility for protecting children means that, where necessary to protect welfare, it will breach confidentiality to raise concerns.

Staff should therefore aim to gain consent to share information, but should be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if a staff member has reason to believe that there is good reason to do so and this will enhance the safeguarding of a child in a timely manner, as long as the steps detailed in these procedures are followed.

Understanding 'exceptional circumstances':

The SRA's Code of Conduct does not allow for client confidentiality to be breached unless that disclosure is 'permitted by law'³. Disclosure of confidential information which is unauthorised by the client or by the law could lead to disciplinary action against you and could also render you liable, in certain circumstances, to a civil action arising out of the misuse of confidential information.

However, in its 2022 guidance on the confidentiality of client information⁴, the SRA recognises that there may be situations where a solicitor believes it is necessary to disclose confidential information in order to prevent the client or a third party committing a criminal act that they reasonably believe is likely to result in serious bodily harm of an individual, or indeed they discover that that a child has been the subject of continuing abuse or neglect. The SRA state that they "*would not want concerns about possible regulatory action to prevent solicitors raising concerns when it is necessary to prevent an event which could lead to harm to the client or a third party.*"

³ For example, you may be permitted or even required by law to disclose the potential commission of a criminal offence by your client, such as money laundering.

⁴ SRA Guidance Confidentiality of client information, 25 November 2019.
<https://www.sra.org.uk/solicitors/guidance/confidentiality-client-information/>

The SRA guidance enumerates three situations where, although there will be a breach of the solicitor's duty from a disciplinary point of view if information is disclosed without consent, justification will be taken into account and is likely to mitigate against regulatory action by the SRA. These are:

- where a client has indicated their intention to commit suicide or serious self-harm,
- preventing the commission of a criminal offence, and
- preventing harm to children or vulnerable adults.

In relation to **preventing harm to children or vulnerable adults**, the SRA say:

“There may be circumstances involving children or vulnerable adults where you should consider revealing confidential information to an appropriate authority. This may be where the child or adult in question is the client and they reveal information which indicates they are suffering sexual or other abuse but refuse to allow disclosure of such information.

Similarly, there may be situations where the client discloses abuse either by themselves or by another adult against a child or vulnerable adult but refuses to allow any disclosure. As noted above, the examples discussed do not allow for disclosure after the event, however you may have reason to be concerned about the risk of future harm.”

The SRA have listed indicators of abuse in their guidance, and refer to making a safeguarding and disclosure assessment plan, with a balancing exercise to be carried out by the solicitor: *“You are not required by law to disclose this information. You must therefore consider whether the threat to the person's life or health is sufficiently serious to justify a breach of the duty of confidentiality.”*

It is therefore unlikely that you would be criticised for such disclosure, provided that you can evidence the fact that you have carefully considered the matter prior to making the disclosure.

It is important to note that the guidance does not allow for disclosure after the event (i.e. once the circumstances justifying the disclosure have passed) unless there is reason to be concern about the risk of future harm

Steps to take when considering disclosure of confidential information:

ILC staff should follow the following steps:

- First consider whether the appropriate course is to discuss your concerns with the client in order to gain agreement to take steps to prevent the harm which is concerning you.
- If you have a safeguarding concern which you believe requires making a disclosure and your client does not consent to this, or you believe that asking for consent would increase the risk posed by the safeguarding concern to the child, then:
 - Make an assessment of the competence of the child (if it is a child's confidential information in question) to make a decision.
 - Carefully consider the most appropriate person to disclose your concerns to, for example, a family member, the client's doctor, social worker, police or other public authority.
 - Seek advice from the Safeguarding Lead (or in their absence the Centre Director or a supervising solicitor, unless a child is in immediate danger and any delay will put them at risk). The Safeguarding Lead will review the case having regard to:
 - The age and understanding of the client
 - The nature and seriousness of the harm disclosed
 - The likelihood that the client will suffer a criminal act if information is not revealed;
 - The threat to the child's life or health, both mental and physical, of not revealing the information;
 - The adequacy and timetable of the steps which the client is taking or has instructed ILC to take to reduce or remove the risk to them;
 - The likely benefit and risk to the child of revealing information to the police or Local Authority, including any risk that the child will not receive a response adequate to meet their needs for care, support or protection; and
 - The implications for the client's welfare or safety in a situation where there are few other alternative sources of independent advice.
- Where it is decided to make a disclosure, limit the amount of information being disclosed to that which is strictly necessary.
- Communicate clearly to the Local Authority or police or any agencies you are referring to when you are acting on instructions as the client's solicitor in referring a matter to them, and when you are referring a young person who has not consented to that disclosure.
- If disclosure is made and if you have not already discussed the disclosure with your client in advance as part of the process of seeking consent, then you

should assess whether it is appropriate to disclose to the client the fact that you have passed confidential information to a third party. Where you believe that disclosure would result in risk of harm to your client or a third party, or would prejudice an investigation, you may feel it would not be appropriate to inform the client⁵.

- Breach of a client's right of confidentiality in these circumstances is likely to undermine the client's trust and confidence in the organisation. If a safeguarding referral is made against the wishes of your client, then you may need to consider if you can continue to act for the client and this should be considered by you and your supervisor or the Safeguarding Lead so that a decision can be taken and logged. If the client continues to trust ILC to act on their behalf there is no bar to continuing to act for the client or acting for them in relation to a new matter.
- You should endeavour to ensure that the client knows where they can find an alternative source of independent advice and about the ILC's complaints procedure.
- It is advisable to refer any parent whose child is subject to an application for a care order to a childcare specialist solicitor, and also to refer to a childcare solicitor a parent who requires careful advice about the implications of making a disclosure to Social Services.

Information sharing and data protection

Information sharing must be done in a way that is compliant with the Data Protection Act 2018, the Human Rights Act 1998 as well as the common law duty of confidentiality (see above section on Confidentiality and Consent).

The Data Protection Act 2018 does not prevent, or limit, the sharing of information for the purposes of keeping children safe.

Schedule 1, para.18 of the Data Protection Act 2018 lists the 'safeguarding of children and individuals at risk' as a condition which gives practitioners the power to share information.

⁵ The SRA guidance provides the following example: "An example of such a circumstance would be where, in a family law case, your client has disclosed that, should the mother be successful in obtaining a residence order for the children, he will murder her. You, believing this to be an earnest intention, make a disclosure to the police to prevent the event. Such a communication from a client would be confidential in that it would not be appropriate to disclose it generally, but could be disclosed, carefully and proportionately, to a proper authority such as the police. Having done so, you would normally both wish and need to cease acting for the client."

Under data protection law, information can be shared legally without consent, if a practitioner is unable to, or cannot be reasonably expected to gain consent from the child, or if to gain consent could place a child at risk. **Relevant personal information can be shared lawfully if it is to keep a child at risk safe from neglect or physical, emotional or mental harm; or if it is protecting their physical, mental, or emotional well-being.**

Government guidance and cross-government non-statutory advice provide further detail and advice:

- ICO [Guide to data protection: what are the substantial public interest conditions?](#)
- HM Government [Information sharing: advice for practitioners providing safeguarding services to children young people, parents and carers](#) (July 2018)

Building a safeguarding culture

ILC are responsible to ensure our staff are selected, screened as necessary, trained and supervised.

Recruitment:

Managing staff should ensure that, when working with children, all colleagues have the appropriate employee checks in place which must include a full career history, identity checks and references and adherence to Disclosure & Barring Service (DBS) where applicable and as detailed below.

ILC require applicants for employment, volunteering positions, work placements and Trustee positions to complete a job application form and applicants are interviewed about their application prior to appointment.

Applicants selected for appointment as a member of staff or volunteer will be asked to provide references and these will be taken up prior to confirmation of the appointment.

For paid posts and volunteer positions, referees will be asked to address the applicant's suitability to work with young people aged 11-25.

DBS checking:

The Protection of Freedoms Act 2012 under the Safeguarding Vulnerable Groups Act 2006 sets out that it is an offence for an employer to knowingly employ someone in a regulated position if they are barred from doing so. Where there is regular contact but not 'regulated' i.e. supervised, it is still possible to consider an enhanced criminal

records check but this will not include a check of the barred list through the Disclosures and Barring Service (DBS).

Some roles within ILC, while not 'regulated positions', may involve working directly with children. Activities could include (but are not limited to): convening meetings; holding focus groups; and conducting interviews with children and/or vulnerable adults. Where appropriate and allowed by law, a DBS check will be carried out.

The Law Centre maintains and follows a policy on Screening and a policy on the Recruitment of Offenders (detailed in the Recruitment Policy) for applicants to work at Islington Law Centre.

These policies require:

- Disclosure of criminal convictions by staff volunteers and management committee members.
- Applicants for positions must disclose criminal convictions in their application for employment (including spent convictions).
- Fair consideration of applicants who disclose a conviction.
- Consideration of conduct, which may affect the applicant's suitability to work with children under 18. This could result in a decision not to appoint an applicant.
- A commitment not to appoint a person in any role involving contact with children if that person is included on the Protection of Children Act or Protection of Vulnerable Adults list.

All staff working on immigration and asylum cases for children are required to undertake DBS checking every 24 months and ensure that this is adhered to as part of our LAA responsibilities and in compliance with our contract as it is an additional safeguard and all of our immigration staff are likely to have one-to-one meetings with children in the course of representing them.

Not all roles working with children or adults at risk are eligible for a standard or enhanced check. When posts are being designed a view shall be taken as to the level of DBS check required if any, or whether there should be an assessment of risk for roles that have contact with children or adults. A basic check should be obtained if the risk assessment determines it is appropriate⁶.

Induction and training on safeguarding procedures:

⁶ See <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>

Managers shall ensure the staff they line manage are aware of and understand these safeguarding procedures from induction and provide regular training in safeguarding to an appropriate level. All relevant staff receive a mandatory induction, which should include familiarisation with their safeguarding responsibilities and the policies and procedures to be followed herein if they have concerns about a child's safety or welfare.

The Safeguarding Lead's role:

Key Aspects of the Safeguarding Lead Role:

- Keeping up to date with developments in children's safeguarding legislation, guidance, reports and learning from major safeguarding incidents in the sector and beyond; ensuring any updates are shared with ILC management and staff.
- Assisting with the updating of policies and procedures.
- Implementing any appropriate procedures and sharing concerns and information with relevant agencies, and involving parents and children appropriately when advice has been sought from other agencies.
- Reporting to the ILC Board on all matters pertaining to child safeguarding as required.
- Maintaining accurate and secure child protection records.

Managing allegations made against staff, volunteers, or partner organisations:

An allegation may relate to a person who works with children who has:

Behaved in a way that has harmed a child or may have harmed a child.

Possibly committed a criminal offence against or related to a child.

Behaved towards a child or children in a way that reasonably indicates that they may pose a risk of harm to children.

Any suspicion, allegation, or actual abuse of a child by any ILC staff must be reported to the Centre Director immediately who will in turn liaise with the Safeguarding Lead.

Concerns that abuse has taken place will be passed by the Safeguarding Lead to the Local Authority Designated Officer for investigation. The Safeguarding Lead will work with the member of staff's line manager and any designated trustees. Due regard will be had to relevant disciplinary procedures.

If the member of staff is not happy with the response they receive from the Safeguarding Lead, then they should refer to ILC's Grievance Policy and as relevant Whistle-blowing Policy.

Reporting a serious safeguarding incident

If any member of staff is involved in an actual or suspected serious safeguarding incident⁷, or if a serious safeguarding incident takes place within any of ILC's workplaces or working context, in addition to following the protocols set out within this policy, it must be reported to the Charity Commission by trustees or a person they designate, by email at: RSI@charitycommission.gsi.gov.uk.

In addition, immediate action should be taken to:

- Prevent or minimise any further harm.
- Report it to the police, if it is suspected a crime has been committed, and to any other regulators the charity is accountable to.
- Plan what to say to staff, volunteers, members, the public, and the media.
- Review what happened and prevent it from happening again - this may include strengthening internal controls and procedures, and/or seeking appropriate help from professional advisers.

Working with partners:

All partners and beneficiaries should be made aware of ILC's safeguarding policy and procedures.

When working with safeguarding partners in the youth service, advice clinics, schools, colleges, private practice partners, and a range of other community organisations it may be appropriate to liaise and consult with them on safeguarding issues and for the referral for a child in need assessment to be made by them in accordance with their own safeguarding procedures.

If a safeguarding concern arises in the context of an outreach session, the outreach host organisation should be informed and the concerns discussed with their safeguarding lead. Information about the concerns should be logged, including any follow up to be undertaken by the host organisation or by ILC.

On and off-site activities

A Risk Assessment should be carried out at least 48 hours before any activity involving a child takes place off-site unless the activity falls under the responsibility of a partner

⁷ For the definition of 'serious incident', see government guidance for trustees: "A serious incident is an adverse event, whether actual or alleged, which results in or risks significant: harm to your charity's beneficiaries, staff, volunteers or others who come into contact with your charity through its work (who are collectively referred to throughout this guidance as people who come into contact with your charity through its work); loss of your charity's money or assets; damage to your charity's property; harm to your charity's work or reputation. For the purposes of this guidance, "significant" means significant in the context of your charity, taking account of its staff, operations, finances and/or reputation." <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity>

organisation or other institution. Safeguarding and code of conduct procedures apply whether the activity is on or off-site or takes place face-to-face or offline.

Complying with this policy

It is important to create a work environment where the risk of abuse is minimised and children feel comfortable and safe. When incidents of abuse are raised or suspected it is important that staff have the necessary information and support and follow the procedures appropriately.

Staff should make sure they have read ILC's safeguarding procedures in full. They should highlight and discuss any issues requiring clarification and any training issues with their line manager. Staff should make sure that they have a working knowledge of the different forms of abuse and possible indicators contained in the annexes and are aware of the legal framework and appropriate bodies for referral.

Appendix I

Forms of abuse and indicators of abuse of children

Forms of abuse that may affect children ILC has a responsibility toward under this policy include:

1. Neglect

Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. It can include physical neglect (failure to meet a child's basic needs for food, clothing and shelter, supervise them or keep them safe); emotional neglect (failure to provide the nurture and stimulation children need); educational neglect (failure to ensure they are given an education); and medical neglect (failure to provide proper health care including dental care or refusing medical recommendations or interventions). Neglect can be hard to spot.

Signs of neglect include:

- Poor appearance and hygiene
- Being hungry
- Wearing clothes that are not appropriate for the season
- Being dirty or unbathed
- Lack of supervision
- Health problems including anaemia, regular illness or infections, skin problems, dental problems, sore or swollen stomach, weight or growth issues
- Missed medical appointments including vaccinations
- Being tired all the time
- Poor language or social skills
- Poor muscle tone or prominent joints
- Untreated injuries
- Living in an unsuitable or unheated home environment
- Being left alone at home
- Taking on the role of carer for other family members
- Behaviour change by becoming clingy, aggressive, withdrawn, anxious
- Changes in eating habits
- Finding it hard to concentrate or take part in activities
- Missing school

2. Physical abuse

Physical abuse involves the abuser intentionally causing physical harm to a child or young person.

Signs of physical abuse include:

- Bruises
- Broken or fractured bones
- Burns or scalds
- Bite marks
- Welts in the shape of an object
- Swelling
- Seizures
- Scarring
- Breathing problems
- Vomiting
- Behaviour change

3. Emotional abuse

Emotional abuse, sometimes called psychological abuse, involves the continual emotional mistreatment of a child through constant humiliation or criticism; ignoring or scapegoating; threatening or shouting at a child; making a child perform degrading acts; pushing a child beyond their limits; exposing a child to situations like domestic abuse, alcoholism or drug-taking; not allowing a child to have friends or any control over their own life including financial or material abuse or financial control; or a lack of emotional interaction with a child. It is often part of other kinds of abuse.

Because there may be no obvious physical signs, it can be difficult to diagnose emotional abuse. The signs often differ at different ages.

Signs of emotional abuse include:

Younger children

- Being overly-affectionate to strangers or people they don't know well
- Seeming unconfident, wary or anxious
- Not having a close relationship or bond with their parent
- Being aggressive or cruel towards other children or animals.

Older children

- Acting in a way, or knowing about things or using language which is inappropriate for their age
- Struggling to control their emotions
- Having extreme emotional outbursts
- Appearing to be isolated from their parents

- Lacking social skills
- Having few or no friends
- Eating disorders
- Lack of confidence and self-esteem
- Persistent running away from home or being missing from school
- Self-harm or attempts at suicide

4. Sexual abuse

Sexual abuse involves a child being forced or tricked into taking part in a sexual activity. It can happen in person or online.

Contact abuse can involve inappropriate touching and kissing, sexual touching, penetration, oral sex or making a child undress or touch someone. Non-contact abuse can involve someone exposing themselves; showing a child pornography; exposing a child to sexual acts; making a child masturbate; forcing a child to make, view or share child abuse images, or making and distributing these images; or forcing a child to converse about or take part in sexual activities online or through a mobile phone.

Child sexual exploitation (CSE) is also a type of sexual abuse where the child or young person is given things, like gifts, drugs, money, status and affection in exchange for performing sexual activities.

Signs of sexual abuse include:

- Bruises
- Bleeding, discharge, pains or soreness in their genital or anal area
- Sexually transmitted infections
- Pregnancy
- Avoiding being alone with or frightened of people or a person they know
- Language or sexual behaviour you wouldn't expect them to know
- Avoidance of things related to sexuality, or rejection of own genitals or bodies
- Having nightmares or bed-wetting
- Alcohol or drug misuse
- Self-harm
- Changes in eating habits or developing an eating disorder
- Changes in their mood including anger, irritability or anything out of the ordinary

5. Grooming

Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them. Children who are groomed can be sexually abused, exploited or trafficked. Children can be

groomed online or in person, or both. They are often unaware they are being, or have been, groomed.

Signs of grooming include:

- Being very secretive about how they're spending their time, including when online
- Having an older boyfriend or girlfriend
- Having money or new things like clothes and mobile phones that they can't or won't explain
- Underage drinking or drug taking
- Spending more or less time online or on their devices
- Being upset, withdrawn or distressed
- Displaying sexualised behaviour, language or an understanding of sex that is age inappropriate
- Spending more time away from home or going missing for periods of time

6. Modern slavery, child trafficking and exploitation

Modern slavery is the illegal exploitation of people for personal or commercial gain. It can take many forms including the trafficking of people, forced labour, servitude and slavery.

Child trafficking is committed where children are recruited, transported, received or harboured for the purpose of exploitation.

It is important to realise that children aged under 18 are considered victims of trafficking whether or not they have been coerced, deceived or paid to secure their compliance.

However, typically traffickers use a combination of physical, emotional abuse, and sexual abuse to coerce and control a child, and will neglect to meet their basic needs. Traffickers often groom children and their families to gain their trust, but may also threaten families with violence. They may tell families that the child must work and earn in order to pay off a debt to the traffickers.

Different forms of exploitation that fall under modern slavery are:

- Labour exploitation
- Sexual exploitation
- Domestic servitude (forced to perform household tasks such as childcare and housekeeping over long hours, enjoy minimal privacy and comfort, and are

isolated with little unsupervised freedom; it is important to be alert to the fact that this may occur even when the child is living with their caregiver)

- Criminal exploitation (eg forced begging, theft, working on cannabis farms, acting as drug mules)
- Other forms of exploitation (eg forced benefit fraud; organ removal; forced marriage or illegal adoption).

Children who have been exploited once may remain or become particularly vulnerable to being exploited further times – called re-exploitation.

Signs of being exploited include:

- Spending a lot of time doing household chores
- Rarely leaving their house or having no time for playing
- Prevented from taking part in any extra-familial or social activities
- Living apart from their family
- Living in low-standard accommodation
- Being unsure which country, city or town they're in
- Reluctance or inability to share personal information or information about where they live
- Not being registered with a school or a GP practice
- Having no contact with their parents or guardians
- Being seen in inappropriate places like brothels or factories
- Having money or things you wouldn't expect them to
- Having injuries from workplace accidents
- When asked, giving a prepared story which is very similar to stories given by other children
- Fearful of adults

A fuller list of general, physical and psychological indicators and modern slavery is set out in [Home Office guidance](#).

7. Domestic abuse

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship and can seriously harm either children who witness it, or who are direct victims of it.

It can be emotional, physical, sexual, financial or psychological. In addition to physical assault or rape, it can also include controlling a person's finances, including restricting their access to food, clothing and transport, or denying them the ability to become more independent through education or employment; not allowing the victim to leave their home or meet anyone outside the home without permission; reading their letters,

emails and messages; and threatening to kill them, their child or a family pet. It can continue after a relationship has ended.

Signs that a child has witnessed or is a victim of domestic abuse include:

- Aggression or bullying
- Anti-social behaviour
- Anxiety, depression or suicidal thoughts
- Attention seeking
- Sleep problems including bed-wetting, nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- Drug or alcohol use
- Eating disorders
- Problems in school or trouble learning
- Tantrums
- Withdrawal

8. Bullying and cyberbullying

Bullying is behaviour that hurts someone else. It includes name calling; hitting; pushing; spreading rumours; threatening or undermining someone; or bullying someone because of their gender, ethnicity, faith, disability, or sexual orientation (these comprise hate crime). It can happen anywhere – at school, in the community, at home or online. It is usually repeated over a long period of time and can hurt a child both physically and emotionally.

Cyberbullying takes place online, and can follow the child anywhere through social networks, messaging, gaming and mobile phones.

Signs of being bullying include:

- Belongings regularly getting 'lost' or being damaged
- Physical injuries, such as unexplained bruises
- Being afraid to go to school, being ill each morning to avoid school, or skipping school
- Not doing as well at school
- Asking for, or stealing, money to pay bullies
- Being nervous, losing confidence, or becoming distressed and withdrawn
- Problems with eating or sleeping
- Bullying others
- Depression
- Eating disorders

- Depression or poor self-image

9. Female Genital Mutilation (FGM)

FGM is when a female's genitals are deliberately altered or removed for non-medical reasons. The National FGM Centre has published [a list](#) of countries where it is practised alongside the traditional name for and description of that practice.

It is often practised on children by someone with no medical training and using unsterilised and rudimentary instruments. Depending on the cultural practice, it can be carried out on babies, prepubescent girls, just prior to marriage, or on pregnant women. Carrying out FGM is a criminal offence in the UK.

10. Forced marriage & Honour-based violence

Forced Marriage is where one party, or both, do not consent to or are pressured into getting married. This could be through physical and sexual violence, blackmail or imprisonment within the home. It could also involve taking someone abroad to force them to get married, or coercing someone who lacks the mental capacity to give consent to get married. There is often a history of forced marriage in the family. Forcing someone to marry against their will is a criminal offence in England, Wales and Scotland.

Honour-based violence is used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour.

Signs of forced marriage include:

- Failure of child to return to school following school holidays
- Attempts to run away from home
- Not being allowed to leave the house
- Restrictions on behaviour outside the family home
- Deterioration in school performance
- Persistent absence from school
- Not being allowed to apply for or attend further or higher education
- Self harm
- Sibling suicide

Further information is available from the [Forced Marriage Unit](#).

11. Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism through being groomed and/or exposed to harmful or extreme beliefs and activities, leading to involvement in terrorism.

Under the Prevent Duty (section 26 of the Counter Terrorism and Security Act 2015), public bodies must have due regard to the need to prevent children from being drawn into terrorism.

Signs of radicalisation include:

- Isolating themselves from family and friends
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use

More detail can be found at

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/>

12. Child abuse linked to faith or belief

This type of abuse is often called 'spirit possession' (meaning a force, spirit, god or demon has entered and is controlling a child) or 'witchcraft' (meaning a child is able to use supernatural powers to harm others). There is a range of terminology connected to such beliefs, for example black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah and child sorcerers. Belief in spirit possession and witchcraft is not of itself evidence of maltreatment.

In cases which involve children, the parent/carer views the child as 'different' and attributes this to the child being 'possessed'. This can lead to attempts to exorcise the child which may involve beating, burning, starvation, cutting/stabbing and/or isolation within the household, or community scapegoating of a child.

Signs of spirit possession or witchcraft include:

- A child reporting that they are, or have been, accused of being 'evil', and/or that they are having the 'devil beaten out of them'
- Signs of physical abuse, such as bruises or burns
- Becoming noticeably confused, withdrawn, disorientated or isolated, and appearing alone amongst other children

- Personal care deteriorating, for example through weight loss, being hungry, turning up to school without food or lunch money, or being unkempt with dirty clothes
- Attendance at school becoming irregular or the child being taken out of school altogether without another school place having been organised
- A deterioration in a child's performance at school
- Evidence that the child's parent/carer does not show concern for, or have a close bond with, the child

Further information available from:

NSPCC Safeguarding in faith communities

<https://learning.nspcc.org.uk/safeguarding-child-protection/for-faith-communities/about-safeguarding-in-faith-communities>

Victoria Climbié Foundation UK

<https://vcf-uk.org/vcf-child-abuse-linked-faith-belief-calfb/>

Appendix II

Local Authority duties

1. The duty on Local Authority children's social care services to assess and provide services to children in need (section 17 Children Act 1989)

Local Authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. A child in need is defined as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services; or a child who is disabled.

Section 17(10) provides that a child shall be taken to be in need if –

- He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority under this Part;
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- He/she is disabled.

Disability includes blindness, deafness or dumbness, mental disorders and permanent illnesses, injuries or congenital deformities.

Children in need may be:

- children with SEND;
- young carers (see our page on Young Carers);
- children who have committed a crime;
- children whose parents are in prison; or
- asylum seeking children.

Under section 53 of the Children Act 2004, child in need assessments must be informed by the views of the child as well as the family, and ascertain the child's wishes and feelings regarding the provision of services, having regard to the child's age and maturity.

2. The duty on Local Authority children's social care services to make enquiries to enable them to decide whether they should take any action to safeguard or promote the child's welfare when they have reasonable cause to suspect that a child in their area is suffering, or likely to suffer, significant harm (section 47 Children Act 1989)

Harm is defined in section 31 of the Children Act 1989:

- Harm means ill treatment or the impairment of health or development
- Ill-treatment includes sexual abuse and forms of ill-treatment that are not physical.
- Health means physical or mental health
- Development means physical, intellectual, emotional, social or behavioural development

The 'Working Together to Safeguard Children: A guide to inter agency working to safeguard and promote the welfare of Children' (March 2013) Statutory Guidance is issued to Local Authorities regarding the process by which assessments are to be completed and their contents.

The Guidance states: that the purpose of the assessment is to:

1. To gather important information about a child and family;
2. To analyse their needs and/or the nature of any risk and harm being suffered by the child;
3. To decide whether the child in need (section 17) and/or suffering or likely to suffer significant harm (section 47); and
4. Provide support to address those needs to improve the child's outcomes to make them safe.

The Guidance sets out in summary form the principles of assessment. Important points from this section include:

- (a) Description of assessment as a "dynamic process, which analyses and responds to the changing nature and level of need and /or risk faced by the child"
- (b) A recognition that services can be delivered to parents or carers although the focus should remain on the needs of the child and the impact of these services on the child;
- (c) Confirmation that "where a child becomes looked after the assessment will be the baseline for work with the family"; and
- (d) A list of features of "high quality assessments", which includes that they are "child centered", "rooted in child development and informed by evidence", "focused on action and outcomes for children" and "holistic in approach addressing the child's needs within their family and wider community".

- (e) Abandonment of any distinction between “initial and “core assessments” and the removal of timeframes for the completion of these assessments

The Guidance replaces these under the heading “Timeliness” and requires the following:

- (a) Decisions about the type of response to be made in one working day.
- (b) Maximum timeframe for the assessment to conclude is now set at 45 working days.

Depending on the needs of the individual child, and the nature and level of any risk of harm faced by the child, the assessment may need to be done more quickly.

As a result of these changes the process of assessment is now subject to “local protocol”. Each protocol should “set out clear arrangements for how cases will be managed once a child is referred to a local authority children’s social care and be consistent with the requirements of this statutory guidance”. The Local Protocol should ensure the following:

- (a) That assessments are “timely, transparent and proportionate to the needs of individual children and their families”.
- (b) That any specialist assessments are coordinated so that the child and family experience a joined up assessment process; and
- (c) That each child and family understands the type of help offered and their own responsibilities, so as to improve the child’s outcomes.

Appendix III

The National Referral Mechanism (NRM)

[Home Office \(July 2022\) Modern Slavery: Statutory Guidance for England and Wales \(under s.49 of the Modern Slavery Act 2015\) and Non-Statutory Guidance for Scotland and Northern Ireland, v.2.10](#)

The National Referral Mechanism (NRM) is the process set up by the UK Government for identifying victims of human trafficking and modern slavery to ensure they receive appropriate protection and support.

- ‘Human trafficking’ involves the arrangement or facilitation of travel of another person – child or adult – for the purpose of exploitation (s.2 Modern Slavery Act 2015). ‘Exploitation’ includes modern slavery offences (slavery, servitude and forced or compulsory labour); sexual exploitation; organ removal; securing services by force, threats or deception (s.3 Modern Slavery Act 2015)
- ‘Modern slavery’ comprises slavery, servitude and forced or compulsory labour (s.1 Modern Slavery Act 2015)

Child victims of human trafficking and modern slavery can be of any nationality, including British national children.

To be referred to the NRM, potential victims of trafficking must first be referred to the UK’s Single Competent Authority (SCA) by a designated first responder (see section 4 of the guidance). For ILC’s purposes, the list includes local authorities, the police and UKVI. In the case of child victims, ILC should refer these to local authority Social Services to ensure they are safeguarded under section 47 of the Children Act 1989. Child victims of human trafficking and modern slavery do not have to consent to be referred into the NRM. However, it is important to explain the NRM process to them so they are aware of the ways in which NRM processes may affect other aspects of their case.

First responders are responsible for:

- Identifying potential victims of modern slavery and recognising the indicators of modern slavery
- Gathering information in order to understand what has happened to the victim
- Referring victims into the NRM via the online process, by completing and submitting a digital form with as much detail as possible about the case, and sending it to the SCA

- Providing a point of contact for the SCA to assist with the Reasonable Grounds and Conclusive Grounds decisions and to request a reconsideration where a first responder believes it is appropriate to do so

The SCA is responsible for considering and making a Reasonable Grounds decision, followed by a Conclusive Grounds decision on each case referred to it.

1. A Reasonable Grounds decision establishes whether or not the SCA agrees there is reason to suspect the child is a victim of trafficking or modern slavery. The decision should be made within 5 days of the referral. A negative decision will not affect a child's care status; if further evidence comes to light, another referral can be made to the SCA asking that the negative decision be reviewed. A positive decision triggers a 45-day recovery and reflection period for the child, which can be extended to provide more time to gather the necessary evidence at the request of the first responder and with the agreement of the SCA.
2. Following the recovery and reflection period, the SCA makes a Conclusive Grounds decision based on the balance of probabilities. The decision should be made within 45 days.
3. There is no appeal process in the NRM. If those supporting the child think the decision is wrong, a request to reconsider can be made to the SCA through the first responder, or the decision can be challenged through judicial review.

Where available⁸ child victims of trafficking can be supported by an Independent Child Trafficking Guardian (ICTG).

The main aim and purpose of the ICTG is to advocate on behalf of the child to ensure the child's best interests are reflected in the decision-making processes undertaken by the public authorities who are involved in the child's care and support. Their advocacy and involvement throughout the decision-making process is intended to ensure the child is protected from further harm, prevent possible repeat victimisation, re-trafficking or going missing and promote the child's recovery. ICTG Direct Workers can provide support to the child and help them navigate, as appropriate, the respective local authority Social Services and the immigration and criminal justice systems, as well as ensuring that their educational and health needs are met through liaison with the appropriate statutory agencies and public authorities. They can also instruct legal representatives for the child.

In 2021 the government announced the launch of a pilot which will test whether decision making about whether a child is a victim of trafficking is more appropriate within existing safeguarding structures in local authorities. This is named the "devolving child decision-making pilot programme" and includes the London boroughs

⁸ An up to date list of ICTG implementation sites is listed in the Introduction to the [Interim Guidance for Independent Child Trafficking Guardians](#)

of Islington, Barking and Dagenham, and Camden. It means that decisions about whether a child is a victim will be made by the local safeguarding partners of social workers, police and health so that decisions are aligned with existing child protection and support⁹.

⁹ For more details about the pilot scheme see:
<https://www.gov.uk/government/publications/piloting-devolving-decision-making-for-child-victims-of-modern-slavery/devolving-child-decision-making-pilot-programme-general-guidance-accessible-version>

Appendix IV

Safeguarding Reporting Form

Name of child/adult			
Date of birth		Age	
Nationality / ethnicity		First language	
Disability			
Any special factors			
Parent/Carer's name			
Home address			
Telephone no. and email			

Are you reporting your own concerns or passing on those of someone else?			
Own (tick)		Somebody else (tick)	
Brief description of what has prompted the concerns. Include dates, times of any specific incidents.			
Any physical, behavioural, indirect signs?			
Was anyone alleged to be the abuser?			
Is the child at risk of immediate harm?			
Have you consulted anyone else?			

Has a decision been taken to share information?

Include details of what has been decided, including any further action taken.

Your name

Position

To whom reported

Date reported

Signature

Today's date

Appendix V

External contacts

Islington Local Authority Children's Services Contact Team (CSCT)

Tel: 020 7527 7400

<https://directory.islington.gov.uk/kb5/islington/directory/service.page?id=72oH6rIO3Js>

Child Exploitation and Online Protection Command (CEOP)

Report a concern that a child is being sexually abused or groomed online at www.ceop.police.uk

NSPCC Child Protection Helpline (Mon-Fri 8am-10pm; Sat-Sun 9am-6pm)

To report or discuss concerns about a child's welfare or any child safety concern including child abuse and neglect, domestic violence, or child trafficking and exploitation.

Tel: 0808 800 5000 or textphone: 0800 056 0566 or email: help@nspcc.org.uk

NSPCC FGM helpline

Tel: 0800 020 3550 or email: fgmhelp@nspcc.org.uk

National Domestic Violence Abuse helpline (24 hour)

Tel: 0808 2000 247 or email contact form:

<https://www.nationaldahelpline.org.uk/Contact-us>

One to one online chat available Mon-Fri 3pm to 10pm

If you are a child or young person worried about a safeguarding concern:

ChildLine (24 hours)

0800 1111

One to one online chat available 7.30am to 3.30 am everyday

Request for Service Form

Islington Children's Services, Disabled Children's Service and Young People's Social, Emotional and Mental Health.

- Submit **non-urgent** referrals using this form. **Leave blank** any parts not known.
- Submit **urgent child protection referrals** by calling 020 7527 7400 first and then submit this form.
- If you don't know if you should make a referral or if it is urgent, call 020 7527 7400 for a **"no names" consultation** with a duty social worker.

Part A

1. About the child/young person you are requesting service for

	Name:	Date of birth:	Gender:	Ethnicity:	School:
Child/Young person:					
Known Siblings:					

Address:	
Is this address confidential?	<input type="checkbox"/> Yes
Other addresses:	
Is this address confidential?	<input type="checkbox"/> Yes

2. About the parents or carers of the child/young person

Parent/Carer name:	Date of birth:	Contact telephone number:	Email address:

3. Contacting the parents or carers

Is there anything we need to know before contacting parents/carers? e.g. needs interpreter, suspected domestic abuse or violence:	
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4. About the child's GP: **Mandatory for SEMH referrals**

GP Name:	
GP Practice address:	
Contact number:	
NHS Number (if known):	

5. Other information

Is there a ' Lead Professional ' working with the child/family?	
If yes , please provide a name, contact telephone number and email address:	
Does the child have an Education and Health Care Plan (EHCP)?	
Does the child have a diagnosis of a disability ? If yes, please provide details:	

6. About you

Name:	
Agency:	
Role:	
Contact telephone number:	
Email address:	

Part B

7. Which service are you requesting?

Refer to www.islington.gov.uk/fis for information about services.

Name of service	Mark 'X'
Children's Social Care	
Disabled Children's Team	
Social, Emotional and Mental Health (SEMH) or CAMHS	
Bright Start (0-5, Bright Futures (5-19), Family Support and Outreach	
Targeted Youth Support	
Other, please state:	
Do not know	

8. Informing the family about your referral

- You **do not need consent** to share information with us. Consent is not the legal basis to share information if your request is about **safeguarding or the welfare of a child**.
- You **should** inform the family that you have made a referral and that we may contact them.
- You **should not** inform the family if it could endanger the child or prejudice a criminal investigation
- You **should** understand the views of the family in regards to the request for service, unless this could endanger the child or prejudice a criminal investigation.

Have you informed the child/young person, parent or carer that you have made a referral to us?	<input type="checkbox"/> Yes , I have informed the child/young person <input type="checkbox"/> Yes , I have informed the parent/carer
What are the family's views on this request for support? Include if family members agree or disagree with this request and the reasons why.	
If any family member has not agreed to the referral being made what is their reason:	
If you have not discussed this referral with the parent/carer (or child/young person) state why:	

8. Background

<p>What is the reason for your referral? Please include presenting needs and context:</p>	
<p>Describe any current or previous support Include details of anything already planned or implemented and their outcomes:</p>	

What support and outcomes are you seeking for this family?	

9. Privacy Statement – how we will handle the information you share

You are making a referral to a multi-agency front door and we may share information in this form with our partners including the Police to ensure we provide the right service to the child, young person or family. We do this in accordance with our statutory duties under the Children’s Act 2004. We will handle the information you have provided in line with the provisions and requirements of the General Data Protection Regulation and the Data Protection Act 2018. We hold all personal information in confidence with only the necessary people able to see or use it. Full details on how Islington processes information is available at www.islington.gov.uk/privacy.

10. Signed declaration

I declare that the information I have provided is accurate to the best of my knowledge and I understand my obligations around consent and how Islington Council will handle the information I have provided.

Signed	
Print name	
Date	

How to submit

- If you are making a request to the **Disabled Children’s Team** please send your form by **secure** email to DisabledChildren.Team@islington.gov.uk.
- For **any other requests**, please send your form by **secure** email to csctreferrals@islington.gov.uk